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PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OM 9 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	ARC 3251 R1	
	First Named Inventor	Liang C. Dong	
	COMPLETE IF KNOWN		
	Application Number	10/608,305	
	Filing Date	June 27, 2003	
	Group Art Unit	1614	
Examiner Name		Unassigned	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTROLLED RELEASE CAPSULE FOR DELIVERY OF LIQUID FORMULATION
(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on June 27, 2003 as United States Application Number or PCT International Application Number 10/608,305 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/392,774	June 28, 2002	
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.58(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
Application Serial No.	Filing Date	Status
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number 27777 --		Place Customer Number Bar Code Label Here
AND		
<input checked="" type="checkbox"/> Practitioner(s) named below:		
Name	Registration Number	
Angela Nwaneri	34,229	
Samuel E. Webb	44,394	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to: SAMUEL E. WEBB at telephone number (650) 564-5106.		
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 27777 OR <input type="checkbox"/> Correspondence address below		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Liang C.		Family Name or Surname Dong	
Inventor's Signature <i>Liang C. Dong</i>		Date 10/21/03	
Residence: City Sunnyvale	State CA	Country USA	Citizenship USA
Mailing Address 181 Leota Avenue			
City Sunnyvale	State CA	ZIP 94086	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Keru		Family Name or Surname Shafi	
Inventor's Signature		Date	
Residence: City Anaheim Hills	State CA	Country USA	Citizenship USA
Mailing Address 962 South Vassar Circle			
City Anaheim Hills	State CA	ZIP 92807	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Alicia		Family Name or Surname Yum	
Inventor's Signature <i>Alicia S. Yum</i>		Date 10/22/03	
Residence: City Belmont	State CA	Country USA	Citizenship USA
Mailing Address 2625 Carlmont Drive			
City Belmont	State CA	ZIP 94002	Country USA

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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Patrick S. L.		Family Name or Surname Wong		
Inventor's Signature <i>Patrick S. L. Wong</i>		Date 21/Oct./03		
Residence: City Burlingame	State CA	Country USA	Citizenship USA	
Mailing Address 1533 Burlingame Avenue				
City Burlingame	State CA	ZIP 94010	Country USA	
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Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	ZIP	Country	
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Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address				
City	State	ZIP	Country	



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	COMPLETE IF KNOWN	
	Application Number	10/608,305
	Filing Date	June 27, 2003
	Group Art Unit	1614
Examiner Name		Unassigned

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Application Serial No.	Filing Date	Status
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number <u>27777</u> —		Place Customer Number Bar Code Label Here
AND		
<input checked="" type="checkbox"/> Practitioner(s) named below:		
Name		Registration Number
Angela Nwaneri		34,229
Samuel E. Webb		44,394
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Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

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Given Name (first and middle [if any]) Liang C.		Family Name or Surname Dong		
Inventor's Signature		Date		
Residence: City Sunnyvale	State CA	Country USA	Citizenship USA	
Mailing Address 181 Leota Avenue				
City Sunnyvale	State CA	ZIP 94086	Country USA	
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Keru		Family Name or Surname Shafi		
Inventor's Signature <i>Keru Shafi</i>		Date 10-12-03		
Residence: City Anaheim Hills	State CA	Country USA	Citizenship USA	
Mailing Address 962 South Vassar Circle				
City Anaheim Hills	State CA	ZIP 92807	Country USA	
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Residence: City Belmont	State CA	Country USA	Citizenship USA	
Mailing Address 2625 Carlmont Drive				
City Belmont	State CA	ZIP 94002	Country USA	

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Inventor's Signature		Date	
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Mailing Address			
City	State	ZIP	Country
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